



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD SPECIALTY HOSPITAL

City of Hospital: Kokomo

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 08/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-3039

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$9815945	Contractual Allowance	\$10175649
Outpatient Patient Service Revenue	\$5665135	Other Deductions	\$31584
		Total Deductions	\$10207233
Total Gross Patient Service Revenue	\$15481080		

3. Total Operating Revenue	
Net Patient Service Revenue	\$5273847
Other Operating Revenue	\$469367
Total Operating Revenue	\$5743214

4. Operating Expenses
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Salaries and Wages	\$4791258	Employee Benefits	\$1193239
Depreciation and Amortization	\$201302	Interest Expense	\$0
Bad Debt	\$-158176	Other Expenses	\$3569871
Total Operating Expenses	\$9597494		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3854280	Total Assets	\$1375682
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$90317
Total Net Gains	\$-3854280		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$9732752	\$6476928	\$3255824
Medicaid	\$1956051	\$1613473	\$342578
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$3792277	\$2116832	\$1675445
Total	\$15481080	\$10207233	\$5273847

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$31584
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

Closed during 2020

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